

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

FILING DATE

10.568042

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
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9						59				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			6							
TOTAL DEP.			4							
TOTAL CLAIMS			10							